



OKLAHOMA NATIONAL GUARD
JOINT FORCE HEADQUARTERS
3501 MILITARY CIRCLE
OKLAHOMA CITY OK 73111-4398
(405) 228-5000 OR DSN 628-5000

NGOK-TAG

4 January 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy and Procedures on Equal Employment Opportunity For
Federal Employees

1. References:

- a. NGR (AR) 690-600/NGR (AF) 40-1614 dated 20 January 2007.
- b. Equal Employment Opportunity (EEO) (Technician) Discrimination Complaints Report, Equal Employment Opportunity Commission (EEOC) Form 462.
- c. The Notification and Federal Employee Antidiscrimination Act of 2002 (NO FEAR Act of 2002).
- d. Annual Equal Employment Opportunity Commission Management Directive 715 (EEOC MD-715) Report.

2. The policy of the Oklahoma National Guard (OKNG) is to provide equal employment opportunity for all employees (Dual Status and Non-Dual Status Federal Technicians, Temporary Federal Employees, and Federal Contract Employees) and/or applicants for employment. OKNG employees and applicants will not be subjected to illegal discrimination because of race, age, gender (not sexual harassment), gender (sexual harassment), national origin, color, handicap condition (physical and/or mental), religion, or retaliation.

3. I am fully committed to a strong EEO program. The fair, equitable, and non-discriminatory treatment of all employees and applicants improves morale and productivity, fosters cohesion and readiness, and increases the overall effectiveness of the OKNG. Together, we can strengthen our efforts to maintain the quality and integrity of the OKNG in these challenging times.

4. Leadership, supervisors, and managers at all levels are:

- a. Accountable and responsible for the work environment under their control; to include the spreading of rumors and gossip.
- b. Responsible for informing OKNG employees and applicants of the procedures for filing an EEO complaint; to include sexual harassment.

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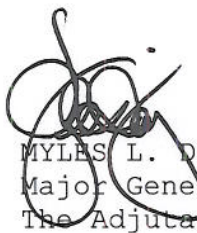
SUBJECT: Policy and Procedures on Equal Employment Opportunity For Federal Employees

5. It is the goal of the OKNG to resolve and settle all complaints and allegations of illegal discrimination fairly, equitably, and expeditiously. This policy applies both on and off duty.

6. The State Equal Employment Manager (SEEM) or the assigned EEO Counselor are available to provide assistance to the complainant, leadership, supervisors, and managers regarding the EEO complaint process. The enclosed diagram (Technician Complaint Process for EEO and Sexual Harassment) outlines the procedures and process of filing an EEO complaint. Complainants must complete **NGB Form 713-5 (Formal Discrimination Complaint in the National Guard)**, which is enclosed.

7. The point of contact is CW5 Ronald G. Petty, SEEM. Phone numbers for the SEEM are (405) 228-5274 or DSN 628-5274. The FAX number is (405) 606-7360.

Encls
as



MYLES L. DEERING
Major General, OKARNG
The Adjutant General

DISTRIBUTION:
AAF

TECHNICIAN COMPLAINT PROCESS

EEO and Sexual Harassment



Make an informal complaint. Report inappropriate behavior without initiating a full investigation. This may be most appropriate for minor infractions when the victim simply wants the behavior stopped.

**If You
Are The
Victim**

Call the State Equal Employment Manager (SEEM) to clarify whether an incident or behavior qualifies as illegal discrimination.

405-228-5274

**If Behavior
Persists**

File a written complaint on NGB Form 713-5. Complaints must be filed within 45 calendar days of the incident. Complaints made after 45 calendar days may be pursued at the discretion of The Adjutant General (TAG).

PRIMARY OR SECONDARY SUPERVISOR	EEO Counselor or SEEM	Deputy Director	DIRECTOR	Director, Joint Staff	TAG	NGB-EO-CR	EEOC
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**45
DAYS**

Complainant has 45 calendar days to file a complaint. Complaints filed against a member of the Supervisory Chain of Command will be referred to the next higher supervisor. If not resolved within Supervisory Chain of Command within 5 days, the SEEM will appoint an EEO Counselor. The EEO Counselor will meet with the complainant, witnesses, and the Alleged Discriminating Official (ADO) and attempt to resolve the complaint.

**30-60
DAYS**

The EEO Counselor may request a 30-day extension from the complainant and TAG if circumstances require it. The complainant and TAG may agree upon an extension of 60-days to pursue Alternative Dispute Resolution (ADR). If not resolved, the EEO Counselor has 3-days to conduct a final interview with the complainant and issue a letter advising the complainant of their rights to file a formal complaint.

**15
DAYS**

The complainant has 15 calendar days to file a formal complaint if he/she is dissatisfied with the results of the informal investigation. TAG or Director, Joint Staff will appoint an Investigative Official (IO). The SEEM will acknowledge receipt of the formal complaint within 3 calendar days.

**10
DAYS**

TAG, or SEEM, has 10 calendar days to request from complainant any clarification of issues. TAG has 10 days to officially (in writing to complainant) accept or dismiss the complaint, in whole or in part. If complaint is accepted in whole, or in part, the complaint is sent to Chief, NGB within 3 calendar days. NGB-EO-CR will request an investigator from DoD, Criminal Investigation Division.

FORMAL DISCRIMINATION COMPLAINT IN THE NATIONAL GUARD

NGB Case Number T-

For use of this form see NGR (AR) 690-600/NGR (AF) 40-1614, the proponent is NGB-EO

PRIVACY ACT STATEMENT

1. *Authority: Public Law 92-261 amending 42 U.S.C. Section 2000e*
2. *Principal Purpose: Used by National Guard Technicians in filing a formal complaint of discrimination.*
3. *Routine Uses: Used by National Guard Technicians in filing a formal complaint of discrimination. Used by State Adjutant General in accepting or dismissing complaints and when requesting investigations from the National Guard Bureau. The form becomes a part of the official complaint file.*
4. *Mandatory or Voluntary Disclosure and Effect on Individual not providing information. This form must be completed by a complainant in filing a formal complaint of discrimination. It is not mandatory in that complaints of discrimination will be accepted if submitted in other formats. Failure to provide information as specified may result in delay or dismissal of a complaint.*

INSTRUCTIONS

Any technician or applicant for technician employment who believes that he or she has been discriminated against because of race, color, religion, gender (including sexual harassment), national origin, age, or physical or mental handicap, in an employment matter subject to the control of the State National Guard or the National Guard Bureau, may file an individual complaint of discrimination. Before a formal complaint can be filed, the complainant must first present the matter as an informal complaint to an EEO Counselor or the SEEM within 45 calendar days from the date of the alleged discriminatory event or the personnel action took place. Each issue must state a specific incident, to include dates, so that its scope is clear. Also each issue must have been discussed with an EEO Counselor. The Counselor will assist you in stating acceptable issues in clear terms. Any issues that are not clear and specific will be returned for clarification or may be dismissed.

TO BE COMPLETED BY SEEM**THE MATTERS GIVING RISE TO THE COMPLAINT WILL BE CODED USING ONE OR MORE OF THE FOLLOWING CODES:**

CATEGORY	CODE	CATEGORY	CODE	CATEGORY	CODE
Appointment/Hire	(1)	Duty Hours	(10)	Reassignment	
Assignment of Duties	(2)	Equal Pay Act Violation	(11)	Request Denied	(18)
Awards	(3)	Examination/Test	(12)	Directed	(19)
Conversion to Full-Time	(4)	Evaluation/Appraisal	(13)	Reinstatement	(20)
Disciplinary Action:		Harassment		Retirement	(21)
Demotion	(5)	Non-Sexual	(14)	Time and Attendance	(22)
Reprimand	(6)	Sexual	(15)	Training/Education	(23)
Suspension	(7)	Pay Including Overtime	(16)	Terms/Conditions of Employment	(24)
Termination	(8)	Promotion/Non-Selection	(17)	Other	(25)
Other	(9)				

ENTER CODE(S) FOR MATTER(S)

GIVING RISE TO THE COMMENT

DATE COUNSELOR CONTACTED

DATE OF INITIAL INTERVIEW

DATE FINAL INTERVIEW

DATE FILED WITH SEEM:

BASED ON:

☐ POSTMARK☐ DELIVERY☐ FAXED☐ NO LEGIBLE POSTMARK (Use 5 days before receipt)

1. NAME OF COMPLAINANT (Last Name, First Name, Middle)

2. HOME ADDRESS (Including Zip Code)

3. TELEPHONE NUMBERS

a. BUSINESS:

COMM

DSN

b. HOME:

4. ACTIVITY OR UNIT IN WHICH DISCRIMINATION TOOK PLACE:

5. ARE YOU PRESENTLY A: (CHECK ONE)

☐ Technician☐ Applicant for Employment☐ Former Technician

6. LOCATION OF THE POSITION (If different from 4. above)

<input type="checkbox"/>	R	RACE (Check Your Race)	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/>	A	AGE (State Your Age)				
<input type="checkbox"/>	G	GENDER(Not Sexual Harassment) (Check Your Gender)	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<input type="checkbox"/>	S	GENDER(Sexual Harassment) (Check Your Gender)	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
<input type="checkbox"/>	N	NATIONAL ORIGIN (State Your National Origin)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (Specify)		
<input type="checkbox"/>	C	COLOR (State Your Color)				
<input type="checkbox"/>	H	HANDICAP (State Your Handicap)	<input type="checkbox"/> Mental	<input type="checkbox"/> Physical		
<input type="checkbox"/>	L	RELIGION (State Your Religion)				
<input type="checkbox"/>	O	RETALIATION (Based Upon EO/EEO Activity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<p>8. ARE YOU BEING REPRESENTED?</p> <p><input type="checkbox"/> Yes (Complete 9) <input type="checkbox"/> No</p>	<p>9. IF YES, NAME OF REPRESENTATIVE</p> <p>Attorney at Law <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. I <input type="checkbox"/> have <input type="checkbox"/> have not filed a grievance on this matter.</p>	<p>11. I <input type="checkbox"/> have <input type="checkbox"/> have not appealed to MSPB.</p>

12. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOU COMPLAINT?

13. SPECIFIC ALLEGATION AND ISSUES *(Explain how you believe you were discriminated against)*

Issues:

- A. Number each issue
- B. List briefly the alleged act of discrimination, the basis, and the date(s) it took place.
- C. Optional: You may indicate the name of the individual you believe discriminated against you.

SAMPLE: I was discriminated against on *(date)* on the basis of *(Race, Religion, or other bases)* when *(briefly list the discriminatory event(s) or personnel action)*.

1.

13. SPECIFIC ALLEGATION AND ISSUES *(Continued)*

14. SIGNATURE OF COMPLAINANT

15. DATE

*Do not date before you receive a Notice of Final
Interview and Right to File a Complaint from your EEO
Counselor*